



MEDICAL CONDITIONS POLICY

Value Statement (who we are):

Coombe Hill Infants' School is an inclusive, community school with a strong tradition of mutual respect and tolerance within a nurturing family environment. We provide an outstanding education for all children.

Vision Statement (what we strive for):

Our vision is to develop strong minds, bodies and spirit in preparation for life. We sow the seeds of curiosity, enthusiasm and resilience to ensure all children continue to delight in their lifelong love of learning.

Statutory: Yes

Reviewed : Spring 2022

Reviewed by: CCS Committee

Next review Date: Spring 2023

Governor Committee: Community, Children & Safeguarding

“Safeguarding is everyone's responsibility”

Coombe Hill Infants' School complies with the relevant legal duties as set out in the Equality Act 2010 and the Human Rights Act 1998; we promote equality of opportunity and take positive steps to prevent any form of discrimination, either direct or indirect, against those with protected characteristics in all aspects of our work.

This policy includes Coombe Hill Infants School and Coombe Connections. It should be read in conjunction with the following policies which can be found on the Coombe Hill Infant School website:

- First Aid policy
- Coombe Connections First Aid policy
- Complaints policy
- SEND policy
- Safeguarding Policy
- Intimate Care Policy
- Positive Handling Policy
- Equalities Policy
- Behaviour policy

1. Coombe Hill Infants' School is an inclusive community that aims to support and welcome pupils with medical conditions.

- a. Coombe Hill Infants' school understands that it has a responsibility to make the school welcoming and supportive to pupils with medical conditions who currently attend and to those who may enrol in the future.
- b. Coombe Hill Infants' school aims to provide all children with all medical conditions the same opportunities as others at school. We will help to ensure they can:
 - be healthy
 - stay safe
 - enjoy and achieve
 - make a positive contribution
 - achieve economic well-being
- c. Coombe Hill Infants' School aims to include all pupils with medical conditions in all school activities.
- d. Parents/carers/Carers of pupils with medical conditions feel secure in the care their children receive at this school.
- e. Coombe Hill Infants' School ensures that all staff understand their duty of care to children and young people in the event of an emergency.
- f. All staff feel confident in knowing what to do in an emergency.
- g. Coombe Hill Infants' School understands that certain medical conditions are

serious and can be potentially life-threatening, particularly if ill managed or misunderstood.

- h. All staff understand the common medical conditions that affect children at this school. Staff receive training on the impact this can have on pupils.
- i. The medical conditions policy is understood and supported by the whole school and local health community.

2. Coombe Hill Infants' School's medical conditions policy has been drawn up in consultation with a wide range of local key stakeholders within both the school and health settings

- a. This school has consulted on the development of this medical condition policy with a wide-range of key stakeholders within both the school and health settings. These key stakeholders include:
 - pupils with medical conditions
 - parents/carers
 - school staff
 - school governors and other stakeholders
 - local healthcare professionals

3. The medical conditions policy is supported by a clear communication plan for staff, parents/carers and other key stakeholders to ensure its full implementation

- a. Parents/Carers are informed and regularly reminded about the medical conditions policy:
 - by including the policy statement in the school's prospectus and on the school website
 - through individual Healthcare Plans
 - policy on the School website
- b. School staff are informed and regularly reminded about the medical conditions policy:
 - Link to policy on google docs
 - through individual Healthcare Plans
 - at scheduled medical conditions training
 - through school-wide communication about results of the monitoring and evaluation of the policy
 - all supply and temporary staff are informed of the policy and their responsibilities.

4. All staff understand and are trained in what to do in an emergency for the most common serious medical conditions at this school

- a. All staff at Coombe Hill Infants' School are aware of the most common serious medical conditions at this school.
- b. Staff at Coombe Hill Infants' School understand their duty of care to pupils in the event of an emergency. In an emergency situation school staff are required under common law duty of care to act like any reasonably prudent parent. This may include administering medication.
- c. All staff who work with groups of pupils at Coombe Hill Infants' School receive training and know what to do in an emergency for the pupils in their care with medical conditions.
- d. Training is refreshed for all staff as and when appropriate.
- e. Coombe Hill Infants' School uses Healthcare Plans to inform the appropriate staff (including supply teachers and support staff) of pupils in their care who may need emergency help.

5. All staff understand and are trained in the school's general emergency procedures

- a. All staff know what action to take in the event of a medical emergency.
- b. Training is refreshed for all staff as and when it is appropriate.
- c. Action to take in a general medical emergency is displayed in prominent locations for staff.
- d. If a pupil needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent arrives. The school tries to ensure that the staff member will be one the pupil knows.

6. The school has clear guidance on the administration of medication at school. Staff may only administer prescription medicines. Non-prescription medicines should NOT be brought into school.

Administration – emergency medication

- a. All pupils at Coombe Hill Infants' School with medical conditions have easy

access to their emergency medication, stored in the office.

- b. Calpol and Piriton are available in an emergency situation. They are only administered after a verbal consent from parents, followed by a signed consent, or if told to administer by the London Ambulance Service
- c. All Emergency medication for pupils on school trips is listed in the Risk Assessment and a named adult will be responsible for carrying and administering the medication if the pupil is unable to do this. Medication must be readily available and kept with the responsible adult at all times during school trips.

Administration – general

- d. All use of medication defined as a controlled drug, even if the pupil can administer the medication themselves, is done under the supervision of a member of staff at this school.
- e. Coombe Hill Infants' School understands the importance of medication being taken as prescribed. To minimise disturbance to learning, Coombe Hill Infants' School will administer medication at 11am or 2pm.
- f. All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a pupil taking medication unless they have been specifically contracted to do so.
- g. Many other members of staff are happy to take on the voluntary role of administering medication. For medication where no specific training is necessary, any member of staff may administer prescribed medication to pupils under the age of 16, but only with the written consent of the pupil's parent.
- h. Training is given to all staff members who agree to administer medication to pupils, where specific training is needed. The local authority provides full indemnity.
- i. All school staff have been informed through training that they are required, under common law duty of care, to act in loco parentis in an emergency situation. This may include taking action such as administering medication.

- j. Parents/carers at Coombe Hill Infants' School understand that if their child's medication changes or is discontinued, or the dose or administration method changes, that they should notify the school immediately.
- k. If a pupil at Coombe Hill Infants' School refuses their medication, staff record this and follow procedures. Parents/carers are informed as soon as possible.
- l. All staff and volunteers attending off-site visits are aware of any pupils with medical conditions on the visit. They receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed.
- m. If a trained member of staff, who is usually responsible for administering medication, is not available Coombe Hill Infants' School makes alternative arrangements to provide the service. This is always addressed in the risk assessment for off-site activities.
- n. If a pupil misuses medication, either their own or another pupil's, their parents/carers are informed as soon as possible. These pupils are subject to the school's usual disciplinary procedures.

7. Coombe Hill Infants' School has clear guidance on the storage of medication at school

Safe storage – emergency medication

- a. Emergency medication is readily available to pupils who require it at all times during the school day or at off-site activities. The medication is stored securely out of reach of children.

Safe storage – non-emergency medication

- a. All non-emergency medication is kept in a secure, cool dry place.
- b. Staff ensure that medication is only accessible to those for whom it is prescribed.

Safe storage – general

- a. There are specific members of staff who ensure the correct storage of medication at school.
- b. All controlled drugs are kept in a cupboard in the school office or fridge, out of reach of children, and only named staff have access.

- c. The expiry dates for all medication stored at school are checked regularly and an updated spreadsheet is kept at all times.
- d. The identified member of staff, along with the parents/carers of pupils with medical conditions, ensures that all emergency and non-emergency medication brought into school is clearly labeled with the pupil's name, the name and dose of the medication and the frequency of dose.
- e. All medication is supplied and stored, wherever possible, in its original containers. All medication is labelled with the pupil's name, the name of the medication, expiry date and the prescriber's instructions for administration, including dose and frequency.
- f. Medication is stored in accordance with instructions, paying particular note to temperature.
- g. Some medication for pupils at this school may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled. Refrigerators used for the storage of medication are in a secure area, inaccessible to unsupervised pupils or lockable as appropriate.
- h. All medication is sent home with pupils at the end of the school year. Medication is not stored in summer holidays.
- i. It is the parent's responsibility to ensure new and in date medication comes into school on the first day of the new academic year.

Safe disposal

- a. Parents/carers at Coombe Hill Infants' School are asked to collect out-of-date medication.
- b. If parents/carers do not pick up out-of-date medication, or at the end of the school year, medication is taken to a local pharmacy for safe disposal.
- c. Specific members of staff are responsible for checking the dates of medication and arranging for the disposal of any that have expired. This check is done on a regular basis.
- d. Sharps boxes are used for the disposal of needles. Parents/carers obtain sharps boxes from the child's GP or paediatrician on prescription. All sharps boxes in this school are stored in a locked cupboard unless alternative safe

and secure arrangements are put in place on a case-by-case basis.

- e. If a sharps box is needed on an off-site or residential visit, a named member of staff is responsible for its safe storage and return to a local pharmacy or to school or the pupil's parent.
- f. Collection and disposal of sharps boxes is arranged with the local authority's environmental services.

8. Coombe Hill Infants' School has clear guidance about record keeping.

Enrolment forms

Parents/carers at this school are asked if their child has any health conditions or health issues on the enrolment form, which is filled out at the start of each school year. Parents/carers of new pupils starting at other times during the year are also asked to provide this information on enrolment forms.

Healthcare Plans

Creating the Healthcare Plan

- a. Coombe Hill Infants' School uses a Healthcare Plan to record important details about individual children's medical needs at school, their triggers, signs, symptoms, medication and other treatments. Further documentation can be attached to the Healthcare Plan if required.
- b. The Healthcare Plan, accompanied by an explanation of why and how it is used, is sent to all parents/carers of pupils with a long-term medical condition. This is sent:
 - at the start of the school year
 - at enrolment
 - when a diagnosis is first communicated to the school
- c. If a pupil has a short-term medical condition that requires medication during school hours, a letter should be sent into school from the child's parents/carers/carers.
- d. Where appropriate it is recommended that the parents/carers/ and healthcare care professionals should complete the healthcare plan together, before

returning to school. A member of school staff can also be present in cases of complex healthcare or educational needs.

Storage and Access of Healthcare Plans

- e. Healthcare plans are held centrally, copies are also held by class teachers and information is shared with relevant support staff. All members of staff who work with groups of children have access to the Healthcare plans of children in their care.
- f. Parents/carers at Coombe Hill Infants' School are regularly reminded to update their child's Healthcare Plan if their child has a medical emergency or if there have been changes to their symptoms (getting better or worse), or their medication and treatments change.
- g. Every pupil with a Healthcare Plan at this school has their plan discussed and reviewed when appropriate.
- h. Parents/carers at Coombe Hill Infants' school are provided with a copy of the pupil's current agreed Healthcare Plan.
- i. When a member of staff is new to a pupil group, for example due to staff absence, the school makes sure that they are made aware of the Healthcare Plans of pupils in their care.
- j. Coombe Hill Infants' School ensures that all staff protect pupil confidentiality.

Use of Healthcare Plans

Healthcare Plans are used by Coombe Hill Infants' school to:

- inform the appropriate staff and supply teachers about the individual needs of a pupil with a medical condition in their care
- identify common or important individual triggers for pupils with medical conditions at school that bring on symptoms and can cause emergencies. This school uses this information to help reduce the impact of common triggers
- ensure that all medication stored at school is within the expiry date
- ensure Coombe Hill Infants' School's local emergency care services can be provided with a timely and accurate summary of a pupil's current medical management and healthcare in the event of an emergency.
- remind parents/carers of pupils with medical conditions to ensure that any medication kept at school for their child is within its expiry dates. This includes spare medication.

Consent to administer medicines

- a. If a pupil requires regular prescribed medication at school, parents/carers are asked to provide consent giving the pupil or staff permission to administer medication on a regular/daily basis, if required.
- b. All parents/carers of pupils with a medical condition who may require medication in an emergency are asked to provide consent on the Healthcare Plan for staff to administer medication.
- c. If a pupil requires regular/daily help in administering their medication then the school outlines the school's agreement to administer this medication on the pupil's Healthcare Plan. The school and parents/carers keep a copy of this agreement.
- d. Parents/carers of pupils with medical conditions at Coombe Hill Infants' School are all asked at the start of the school year on the Healthcare Plan if they and their child's healthcare professional believe the child is able to administer their own emergency medication.

Other record keeping

- a. Coombe Hill Infants' School keeps an accurate record of each occasion an individual pupil is given or supervised taking medication. Details of the supervising staff member, pupil, dose, date and time are recorded. If a pupil refuses to have medication administered, this is also recorded and parents/carers are informed as soon as possible.
- b. Coombe Hill Infants' School holds regular, relevant training on common medical conditions. All staff attending receive a certificate confirming the type of training they have had. A log of the medical condition training is kept by the school and reviewed regularly to ensure all new staff receive training.
- c. All school staff who volunteer or who are contracted to administer medication are provided with training by a healthcare professional. The school keeps a register of staff who have had the relevant training.
- d. Coombe Hill Infants' School keeps an up-to-date list of members of staff who have agreed to administer medication and have received the relevant training.

9. Coombe Hill Infants' School ensures that the whole school environment is inclusive and favourable to pupils with medical conditions. This includes the physical environment, as well as social, sporting and educational activities

Physical environment

- a. Coombe Hill Infants' School is committed to providing a physical environment that is accessible to pupils with medical conditions.
- b. Pupils with medical conditions are included in the consultation process to ensure the physical environment at this school is accessible.
- c. Coombe Hill Infants' School's commitment to an accessible physical environment includes out-of-school visits. The school recognises that this sometimes means changing activities or locations.

Social interactions

- a. Coombe Hill Infants' School ensures the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured social activities, including during breaks and before and after school.
- b. Coombe Hill Infants' School ensures the needs of pupils with medical conditions are adequately considered to ensure they have full access to extended school activities such as school discos, breakfast club, school productions, after school clubs and out of school visits.
- c. All staff at Coombe Hill Infants' School are aware of the potential social problems that pupils with medical conditions may experience. Staff use this knowledge to try to prevent and deal with problems in accordance with the school's anti-bullying and behaviour policies.
- d. Staff use opportunities such as personal, social and health education (PSHE) lessons to raise awareness of medical conditions amongst pupils and to help create a positive social environment.

Exercise and physical activity

- a. Coombe Hill Infants' School understands the importance of all pupils taking part in sports, games and activities.
- b. Coombe Hill Infants' School ensures all staff make appropriate adjustments to sports, games and other activities to make physical activity accessible to all pupils.
- c. Coombe Hill Infants' School ensures all staff know that pupils should not be forced to take part in an activity if they feel unwell.

- d. All staff are aware of pupils in their care who have been advised to avoid or to take special precautions with particular activities.
- e. Coombe Hill Infants' School ensures all staff are aware of the potential triggers for pupils' medical conditions when exercising and how to minimize these triggers.
- f. Coombe Hill Infants' School ensures all pupils have the appropriate medication or food with them during physical activity and that pupils take them when needed.
- g. Coombe Hill Infants' School ensures all pupils with medical conditions are actively encouraged to take part in out-of-school clubs and team sports.

Education and learning

- a. Coombe Hill Infants' School ensures that pupils with medical conditions can participate fully in all aspects of the curriculum and ensures that appropriate adjustments and extra support are provided.
- b. If a pupil is missing a lot of time at school, they have limited concentration or they are frequently tired, all teachers at this school understand that this may be due to their medical condition.
- c. Teachers at this school are aware of the potential for pupils with medical conditions to have special educational needs (SEND). Pupils with medical conditions who are finding it difficult to keep up with their studies are referred to the SEND coordinator. The school's SEND coordinator consults the pupil, parents/carers and healthcare professionals (if appropriate) to ensure the effect of the pupil's condition on their learning is properly considered.
- d. Coombe Hill Infants' School ensures that lessons about common medical conditions are incorporated into PSHE lessons and other parts of the curriculum.

Out of School visits

- a. Risk assessments are carried out by the staff prior to any out-of-school visits and medical conditions are considered during this process. Factors that

Coombe Hill Infants' School considers include: how all pupils will be able to access the activities proposed, how routine and emergency medication will be stored and administered, and where help can be obtained in an emergency.

- b. Coombe Hill Infants' School understands that there may be additional medication, equipment or other factors to consider when planning out of school visits. This school considers additional medication and facilities that are normally available at school to ensure that this can be planned for in any out of school visit.

10. Coombe Hill Infants' School is aware of the common triggers that can make medical conditions worse or can bring on an emergency. The school is actively working towards reducing or eliminating these health and safety risks and has a written schedule of reducing specific triggers to support this.

- a. Coombe Hill Infants' School is committed to reducing the likelihood of medical emergencies by identifying and reducing triggers both at school and on out of school visits.
- b. Healthcare plans are used to identify individual children who are sensitive to particular triggers, and action plans are in place as required to ensure these children remain safe throughout the school day.
- c. Risk assessments, including those for out of school visits take into account the needs of children with medical conditions.
- d. Coombe Hill Infants' School reviews medical emergencies and incidents to see how they could have been avoided. Appropriate changes to Coombe Hill Infants' School's policy and procedures are implemented after each review.

11. Each member of the school and health community knows their roles and responsibilities in maintaining an effective medical conditions policy.

- e. Coombe Hill Infants' School works in partnership with all interested and relevant parties including the school's governing body, all school staff, parents/carers, employers, community healthcare professionals and pupils to ensure the policy is planned, implemented and maintained successfully.
- f. The following roles and responsibilities are used for the medical conditions policy at this school. These roles are understood and communicated regularly.

Employer

Coombe Hill Infants' School's employer has a responsibility to:

- ensure the health and safety of their employees and anyone else on the premises or taking part in school activities (this includes all pupils). This responsibility extends to those staff and others leading activities taking place off-site, such as visits, outings or field trips
- ensure health and safety policies and risk assessments are inclusive of the needs of pupils with medical conditions
- make sure the medical conditions policy is effectively monitored and evaluated and regularly updated
- report to parents/carers, pupils, school staff and the local authority about the successes and areas for improvement of this school's medical conditions policy
- provide indemnity for staff who volunteer to administer medication to pupils with medical conditions.

Head teacher

This school's head teacher has a responsibility to:

- ensure the school is inclusive and welcoming and that the medical conditions policy is in line with local and national guidance and policy frameworks
- liaise between interested parties including pupils, school staff, special educational needs coordinators, teaching assistants, school nurses, parents/carers, governors, the school health service and local emergency care services
- ensure the policy is put into action, with good communication of the policy to all
- ensure every aspect of the policy is maintained
- ensure that information held by the school is accurate and up to date and that there are good information sharing systems in place using pupils' Healthcare Plans
- ensure pupil confidentiality
- assess the training and development needs of staff and arrange for them to be met
- ensure all supply teachers and new staff know the medical conditions policy
- ensure that staff members are regularly checking the expiry date of medicines kept at school and maintain the school medical conditions register
- monitor and review the policy annually, with input from pupils, parents/carers, staff and external stakeholders
- update the policy regularly according to review recommendations and recent local and national guidance and legislation
- report back to all key stakeholders about implementation of the medical conditions policy.

All school staff

All staff at this school have a responsibility to:

- be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency
- understand the school's medical conditions policy
- know which pupils in their care have a medical condition and be familiar with the content of the pupil's Healthcare Plan
- allow all pupils to have immediate access to their emergency medication
- maintain effective communication with parents/carers including informing them if their child has been unwell at school
- ensure that risk assessments for school trips include medical information
- ensure pupils who have medical conditions have access to their medication
- be aware of pupils with medical conditions who may be experiencing bullying or need extra social support
- understand the common medical conditions and the impact it can have on pupils (pupils should not be forced to take part in any activity if they feel unwell)
- ensure all pupils with medical conditions are not excluded unnecessarily from activities they wish to take part in
- ensure pupils have the appropriate medication or food with them during any exercise and are allowed to take it when needed.

Teaching staff

Teachers at this school have a responsibility to:

- ensure pupils who have been unwell catch up on missed learning
- be aware that medical conditions can affect a pupil's learning and provide extra help when pupils need it
- liaise with parents/carers, the pupil's healthcare professionals and the special educational needs coordinator if a child is falling behind with their work because of their condition
- use opportunities such as PSHE and other areas of the curriculum to raise pupil awareness about medical conditions.

School nurse or school healthcare professional

The school nurse at this school has a responsibility to:

- help update the school's medical conditions policy
- help provide regular training for school staff in managing the most common medical conditions at school
- provide information about where the school can access other specialist training.

First aider

First aiders at this school have a responsibility to:

- give immediate help to casualties with common injuries or illnesses and those arising from specific hazards with the school
- when necessary ensure that an ambulance or other professional medical help is called.
- display first aid information for staff and the community

Emergency equipment

- A defibrillator has been purchased, and is stored in the school entrance with clear signage outside the front entrance. London Ambulance Service have been notified of its location
- All staff have been trained in its use.
- A burns kit is located in the office
- First aid kits are located in the studio, the office, lower bay, ICT suite ,the hall ,the connections shed and in the swimming pool (Summer only) and Coombe Connections hub.
- Face Shields are located in each class and in the first aid kits
- Emergency inhalers have been purchased for use by those who cannot access their own inhaler, or for use as directed by LAS. Inhalers are located in the grab bag and swimming pool. There are spare inhalers on the playground at lunch time, the office, the lunchtime cupboard and in the hall.
- EpiPens have been purchased for use by those who cannot access them in an emergency or for use as directed by LAS. EpiPens are located in the office, hall, in grab bags, the kitchen cupboard and in the Coombe Connections hub. All staff have been trained in the safe use of EpiPens.
- A register of those children with inhalers and EpiPens in school that are able to use the schools emergency supply is stored with the Emergency equipment. This list is regularly reviewed and updated.

Special educational needs coordinator

Special educational needs coordinator at this school has a responsibility to:

- help update the school's medical condition policy and Healthcare Plans
- know which pupils have a medical condition and which have special educational needs because of their condition
- ensure pupils who have been unwell catch up on missed schoolwork
- ensure teachers make the necessary arrangements if a pupil needs special consideration or access arrangements in teaching and learning
- Seek guidance, support and training from relevant healthcare professionals when required.

Local doctors and specialist healthcare professionals

Individual doctors and specialist healthcare professionals caring for pupils who attend this school, have a responsibility to:

- complete the pupil's Healthcare Plans provided by parents/carers

- where possible, and without compromising the best interests of the child, try to prescribe medication that can be taken outside of school hours
- offer every child or young person (and their parents/carers) a written care/self-management plan to ensure children and young people know how to self-manage their condition
- ensure the child or young person knows how to take their medication effectively
- ensure children and young people have regular reviews of their condition and their medication
- provide the school with information and advice regarding individual children and young people with medical conditions (with the consent of the pupil and their parents/carers)
- understand and provide input into the school's medical conditions policy.

Pupils

The pupils at this school have a responsibility to:

- treat other pupils with and without a medical condition equally
- tell their parents/carers, teacher or nearest staff member when they are not feeling well
- let a member of staff know if another pupil is feeling unwell
- treat all medication with respect

Parents/carers

The parents/carers of a child at this school have a responsibility to:

- tell the school if their child has a medical condition
- ensure the school has a complete and up-to-date Healthcare Plan for their child
- inform the school about the medication their child requires during school hours
- inform the school of any medication their child requires while taking part in visits, outings or field trips and other out-of-school activities
- tell the school about any changes to their child's medication, what they take, when, and how much
- inform the school of any changes to their child's condition
- ensure their child's medication and medical devices are labelled with their child's full name
- provide the school with appropriate spare medication labelled with their child's name
- ensure that their child's medication is within expiry dates and remove and dispose of out-of-date medicine
- keep their child at home if they are not well enough to attend school
- ensure their child catches up on any school work they have missed
- ensure their child has regular reviews about their condition with their doctor or specialist healthcare professional
- ensure their child has a written care/self-management plan from their doctor or specialist healthcare professional to help their child manage their condition.

13. Complaints

Should parents or carers be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

12. The medical conditions policy is regularly reviewed, evaluated and updated.

- a. Coombe Hill Infants' School's medical condition policy is reviewed, evaluated and updated regularly in line with the school's policy review timeline.
- b. New Department for Children, Families and Schools and Department of Health guidance is actively sought and fed into the review.
- c. In evaluating the policy, Coombe Hill Infants' School seeks feedback on the effectiveness and acceptability of the medical conditions policy with a wide-range of key stakeholders within the school and health settings. These key stakeholders include:
 - pupils with medical conditions
 - parents/carers
 - school staff
 - school governors and other stakeholders
 - Healthcare professionals
- d. The views of pupils with various medical conditions are actively sought and considered central to the evaluation process.

APPENDIX 1 - Asthma Policy

1. Background

A child's educational years are the greatest opportunities for investment in the next generation. For years schools and teachers have worked to ensure all children have an equal opportunity in their educational environment. Many issues remain within the sole remit of education. However, key areas which impact on a child's ability to get the most from school, such as health lie outside the remit of education.

The impact of many medical conditions on a child in the classroom can be significant. Some conditions can be severe and are rare such as epilepsy and

diabetes. Others, particularly asthma are common. Asthma UK (2009) states asthma is the most common long-term childhood medical condition, affecting 1.1 million children in the UK. One in 10 children has asthma. The decision to administer medicines by teachers remains voluntary.

2. Asthma in the Classroom

Asthma is a common condition, but its severity varies considerably. People can be affected to greater and lesser degrees. For any one individual the occurrence of the condition can be episodic. This means that children can be well for long periods of time and then have sudden acute, and at times severe relapses (Asthma U.K. 2009).

The major principle underlying the policy is immediate access for all children to reliever medication.

All inhalers are stored in the school office, which is easy to access. Inhalers and spacer devices are stored securely in named zip bags. In the event of an inhaler being lost parents/carers are asked to bring in a spare which will have the child's name clearly marked. All inhalers and spacers must be taken on school trips.

3. Asthma Symptoms

Asthma is caused by a reversible narrowing of the airways to the lungs. It restricts the passage of air both in and out as you breathe. The symptoms of asthma occur when the muscles around the airways tighten and the lining of the airway becomes inflamed and start to swell; this leads to a narrowing of the airways. The usual symptoms of asthma are:

- Coughing
- Shortness of breath
- Wheezing
- Tightness in the chest
- Being unusually quiet
- Difficulty speaking in full sentences
- Sometimes younger children will express the feeling of tightness in the chest as a tummy ache.

The symptoms however are rapidly reversible with appropriate medication. Only when symptoms fail to be reversed medical attention must be sought (See Section 7 management of an acute asthma attack).

3.1 Types of Treatment

There are two types of treatment for asthma:

a) 'Relievers'

Every child with asthma should have access to a reliever in school. The reliever inhaler is commonly blue, but may come in different colours, and they come in different shapes and sizes. It is the parents' responsibility to provide the correct reliever inhaler. These treatments give immediate relief and are called bronchodilators because they cause the narrowed air passages to open up by relaxing the airway muscle. They do not however reduce the inflammation.

b) 'Preventers'

Preventers are a group of treatments that are designed to prevent the narrowing and inflammation of the airway passages. The ultimate objective is to reduce asthma attacks of any kind. These medicines should be taken regularly, usually morning and evening. There is therefore no indication for them to come to school with the child.

Even if they are taken during an attack, they will not have an immediate effect.

THIS POLICY REFERS ONLY TO RELIEVERS.

3.2 The best way for people to take their asthma medication is to inhale them directly into the lungs. There are a variety of devices available and the asthma medication needs to be breathed in steadily and deeply.

3.3 For young children and those with coordination problems, other devices are sometimes used. These devices are breath activated so that the device fires automatically when the child is breathing in.

3.4 Some younger children use a spacer device to deliver their aerosol inhaler, this may be a volumatic or aerochamber. The aerosol is pressed into the spacer and the child breathes slowly and steadily for approximately 10 seconds. If the child is using an aerochamber and it whistles they are inhaling too quickly. Spacers are very useful for those who have difficulty coordinating their breathing and inhaler. The spacer device is also very useful in the case of an acute asthmatic attack. ('see section 7 on managing an acute asthmatic attack')

Irrespective of the type of device, the medicine being delivered is a reliever.

3.5 All children who need their relievers should have them in school and readily available at all times.. The administration of the reliever to children should be based on their own perception of whether or not they need it.

3.6 Primary school children may need more help and encouragement with taking their reliever.

3.7 For primary school children, it is recommended that an agreement between parents and schools be drawn up and signed so that the parents are fully informed of the school policy on the management of asthma in the classroom for their child. This should also include a reliever inhaler supplied by the General Practitioner (GP) and a spare device and inhaler, which will be held in school. (See section 7 on managing an acute asthmatic attack).

3.8 When a primary school child needs a dose of their reliever, it is recommended that this is noted in the provided record sheet and the parent is informed. If a child is using their inhaler three or more times a week, the teacher should inform the parent/carer as the child's asthma care may need reviewing.

It remains the responsibility of the parent to seek medical attention and to liaise with the school on the frequency with which inhalers are taken.

4 The Physical Environment

Many environmental aspects can have a profound effect on a child's symptoms at any time. The four key points for schools are:

a) Materials

The school should as far as possible avoid the use of art and science materials that are potential triggers for asthma.

b) Animal Fur and Hair

Some children can have marked acute and chronic symptoms if they are exposed to animals including mice, rabbits, rats, guinea pigs, hamsters, gerbils, chinchillas and birds. Consideration should be given to the placement of school pets in the classroom, and special vigilance may be needed on trips to farms and zoos where children handle animals.

c) Grass Pollen

Grass pollens are common triggers in provoking an exacerbation of asthma. Consideration should be given to grass being cut in school time. Children may require extra vigilance.

d) Sport

Children with asthma should be encouraged to participate in sports however teachers need to be mindful that exercise may trigger asthma. Children should effectively warm up before exercise and cool down following exercise. Reliever inhalers should be taken into P.E. when the children are playing outside sports the P.E teacher may hold them.

5. Access to Reliever Medication

1. Asthmatic children must have immediate access to reliever inhalers at all times. All school staff and teachers should know where the device is.

2. At the start of each school year a child should bring in a new reliever device and spacer clearly labelled with his/her name. It is the responsibility of the parent/carer to ensure that medication provided in school is in date. This device remains the property of the school for the school year. It can be returned to the parent/carer on the last day of the summer term.

3. All staff must know where the reliever devices are kept.

6. WHAT TO DO IF A CHILD HAS AN ASTHMA ATTACK

If an asthmatic pupil in your class becomes breathless or wheezy or starts to cough:

1. Keep calm, it's treatable. If the treatment is given at an early stage the symptoms can be completely and immediately reversible.

2. Let the child sit in a position they find most comfortable. Many children find it most comfortable to sit forwards with their arms crossed on the table.

3. Ensure the child has 2 puffs of their usual reliever.

If their device is out of date or empty then:

- i. Give 2 puffs of the school reliever inhaler provided by the parents, preferably via their spacer or aero chamber.
- ii. STAY WITH THE CHILD. The reliever should work in 5 – 10 minutes
- iii. If the symptoms disappear, the pupil can return to the lesson as normal.
- iv. If symptoms have improved but not disappeared then:
Give 1 puff of the reliever inhaler every minute for 5 minutes
Stay with the child

IF THE CHILD HAS WORSENEED SEE SECTION 7.

7. MANAGEMENT OF A SEVERE ASTHMA ATTACK

HOW TO RECOGNISE A SEVERE ATTACK

- The reliever has no effect after 5-10 minutes
- The child is either distressed or unable to talk
- The child is getting exhausted
- You have any doubts about the child's condition

STAY WITH THE CHILD

1) Call 999 or send someone else to call 999 immediately – Inform them the child is having a SEVERE ASTHMA ATTACK AND REQUIRES IMMEDIATE ATTENTION.

2) Using the child's reliever and spacer device give one puff into the spacer. Allow the child to breathe the medicine from the spacer. If the spacer device is an aeorochamber and it whistles, ask the child to breath more slowly and gently. After one minute give another puff and allow the child to breathe the medicine. Repeat at not more than one minute intervals until the ambulance arrives.

3) Contact the parents and inform them what has happened.

8. Special Areas for Concern

1. Many teachers are concerned that an unsupervised child with an inhaler may result in the medication being taken by the peer group. This does not pose a danger to the health of other children.

2. Many teachers are concerned that using the device of another child will leave them vulnerable to legal action or criticism. Teachers are reminded they have a duty of care to the children in school. Taking no action, or not using another device could be interpreted in a failure of that care.

3. Reliever inhalers and spacer devices should always be available in swimming, outdoor sports and educational visits out of schools, and used according to need. Children with known exercise induced asthma will need to take their reliever immediately prior to exercise.

4. Self administration of the reliever is the usual and best practice. Due to the age of the cohort an adult must supervise the process at all times

5. In an event of an uncertainty about a child's symptoms being due to asthma, TREAT AS FOR ASTHMA. This will not cause harm even if the final diagnosis turns out to be different.

9. Information to parents and guardians and carers

As part of the school policy it is proposed that all parents are made aware of how the school will manage a child who has symptoms due to their asthma whilst they are in school. The school will need a Metered Dose Inhaler reliever and spacer prescribed by the child's GP to be kept in school. All parents of children entering the school are issued a Data Collection Sheet to complete which requires parents to indicate if their child is asthmatic (see Appendix 2). If a child is identified from this as having asthma, then parents will be asked to sign a separate consent form allowing the teachers to give the reliever and use the spacer device if necessary. (See Appendix 2). Parents will be asked to sign the consent form.

10. Pupils with special educational needs

Pupils who require additional support will have this added to their healthcare plan.

11. Care of the Spacer Devices

After use they should be washed in warm soapy water, and allowed to dry naturally in the air. The spacer device once dry should be stored carefully.

12. Training

It is anticipated that policy implementation will include a commitment to staff training. This will include individual schools and individual teachers as is necessary. Training to support the policy will be provided and will require commitment from the Health Authority, Local Hospital Trust and Education Authority. Dissemination to all levels within the school is required.

ASTHMA USE OF INHALERS DURING AN EMERGENCY

INTRODUCTION

Asthma is one of the commonest conditions affecting children and young people. This can result in the pupils' inability to fully access learning. Asthma affects 1.1 million children in the UK. One in 10 children has asthma. Asthma is the commonest reason why medication will have to be given to children whilst in school. It's severity varies considerably from mild symptoms to a severe attack and the condition can be episodic. It is important therefore that:

- All known asthmatics have immediate access to their inhalers which are generally kept in the office
- All staff are familiar with the school asthma policy.
- All staff in schools are aware of the emergency procedures in case of an asthmatic attack and can recognise a severe attack and take appropriate action.

LEGAL PERSPECTIVE

Every asthmatic pupil should have access to their own reliever Inhaler both in schools, outdoor PE and out on school visits. Preventer inhalers should **NOT** be

brought to school as these are usually taken morning and evening and will not be effective during an attack. All diagnosed asthmatics should have an emergency inhaler and spacer in school which is stored in such a way as to ensure easy access at all times. Regular checks should be made to ensure that this inhaler is within date.

GIVING AN INHALER IN CASE OF AN EMERGENCY

- Self – administration of the inhaler is best practice, staff will always supervise
- Where a pupil is struggling to use their inhaler staff should assist.
- In the extreme circumstance where a pupil does not have access to their own inhaler and there are signs of a severe attack another person's inhaler may be used to sustain life.
- In the event of an uncertainty about a pupil's symptoms being due to asthma TREAT AS ASTHMA – this will not cause harm even though the final diagnosis may be different.
- The Local Authority offers staff full indemnity against claims for negligence provided they are acting within the scope of their employment, have received adequate training and are following appropriate guidelines.
- A list of children with asthma inhalers is located with the schools emergency supply of inhalers. Only those children may use the school's emergency supply. The schools emergency supply may be given to others only under the direction of London Ambulance Service.

APPENDIX 2 - Allergy & Anaphylaxis Management Policy

Food allergies are a growing health concern in schools across the country. The incidence of the peanut allergy, the deadliest of all the food allergies, tripled in the ten-year period from 1997-2008.

Today, more than 2 million school-aged children in this country suffer from food allergies. Medical experts agree that this number is increasing exponentially. Research indicates that as many as one in 70 UK children may be allergic to peanuts. Occasionally the symptoms are severe and they may even be life-threatening. Peanut is not the only food capable of triggering severe allergic reactions. Others include egg, milk, fish, shellfish, tree nuts and kiwifruit. Many more may be implicated on rare occasions.

A severe allergic reaction will affect the whole body, in susceptible individuals it may develop within seconds or minutes of contact with the trigger factor and is potentially fatal.

The good news is that even the most severe form of allergy (anaphylaxis) is very definitely manageable. The vast majority of the children affected are happily accommodated in mainstream schools thanks to good communication among parents, school staff, doctors and education authorities. With sound precautionary measures and support from the staff, school life may continue as normal for all concerned.

Possible triggers can include skin or airborne contact with particular materials, the injection of a specific drug, the sting of a certain insect or the ingestion of a food such as peanuts.

New statutory guidance was issued to schools in May 2014 by the Government following its landmark decision in 2013 to amend the Children and Families Act so that from September 2014 schools in England would be legally required to provide the high quality support children with medical conditions need.

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools to make arrangements for supporting pupils at their school with medical conditions.

The guidance for the new law is statutory and sets out the practical support schools will be expected to provide to support children with medical conditions, such as making sure they have individual healthcare plans in place and training and support for school staff.

Aims of Policy:

- To minimise the risk of an allergic/anaphylactic reaction while the pupil is involved in school related activities.
- To be proactive in the awareness and support offered to pupils with medical conditions.
- To ensure that staff members respond appropriately to an allergic/anaphylactic reaction by initiating appropriate treatment, including competently administering an adrenaline auto injection device.
- To raise the awareness of allergy/anaphylaxis and its management through education and policy implementation.
- To give parents and pupils confidence in the schools ability to provide effective support and show an understanding of how medical conditions impact on a child's ability to learn as well as to increase their confidence and promote self-care.

Coombe Hill Infants School will:

- Establish clear procedures and responsibilities to be followed by staff in meeting the needs of pupils with additional medical needs.
- Ensure the involvement of health care professionals, parents, staff and the pupil in establishing an individual medical care plan when required.
- Ensure effective communication of individual pupil medical needs to all relevant teachers and other relevant staff.
- Ensure First Aid staff training includes anaphylaxis management, including awareness of triggers and first aid procedures to be followed in the event of an emergency.
- Ensure that parents of pupils with packed lunches will be requested to give careful thought to eliminating food that may be of risk to those members of staff and pupils who suffer from such allergies.
- Ensure all educational visits will be pre-checked that 'safe' food is provided or that an effective control is in place to minimise risk of exposure for pupils with allergies. Where a pupil is prescribed an EpiPen the teacher in charge will ensure they or another supervising staff member is trained in the use of the EpiPen, and capable of performing any possible required medical treatment as outlined in the Pupils Health Care Plan.

- Providing, as far as practicable, a safe and healthy environment in which people at risk of allergies and anaphylaxis can participate equally in all aspects of school life.
- Encourage self-responsibility and learned avoidance strategies amongst pupils suffering from allergies.
- Raise awareness about allergies and anaphylaxis amongst the school community.
- Ensure each staff member has adequate knowledge of allergies, anaphylaxis and emergency procedures.
- Liaise with parents/guardians of pupils who suffer allergies, to assess risks, develop risk minimisation strategies, and management strategies for their child.
- Where possible use an Allergy Action Plan for pupils with recognised allergies.

Definitions

Allergen – A normally harmless substance that triggers an allergic reaction in the immune system of a susceptible person.

Allergy - A condition in which the body has an exaggerated response to a substance (e.g. food or drug). Also known as hypersensitivity.

Allergic reaction – A reaction to an allergen. Common signs and symptoms include one or more of the following: hives, generalised flushing of the skin, tingling around the mouth, swelling of tissues of the throat and mouth, difficulty breathing, abdominal pain, nausea and/or vomiting, alterations in heart rate, sense of impending doom, sudden feeling of weakness, collapse and unconsciousness.

Anaphylaxis – Anaphylaxis, or anaphylactic shock, is normally a sudden, severe and potentially life threatening allergic reaction to food, stings, bites, or medicines though a delayed reaction is possible in certain cases.

EpiPen – Brand name for syringe style device containing the drug adrenaline which is ready for immediate intramuscular administration.

Minimised Risk Environment - An environment where risk management practices have minimised the risk of (allergen) exposure to a reasonable level. Not an allergen free environment.

Management System – A record system managed by the person in charge which describes the individual student medical care plans and the particular members of staff who will need to be trained and informed of these plans.

Individual Health Care Plan (IHCP) - A comprehensive plan for the care of children with special health care needs, including food allergies and action plan for location of EpiPen.

1. Nut Related Aspects

If the school is aware of a pupil who suffers a nut allergy, the school lunch caterer will be made aware of our policy and will be requested to eliminate nuts and food items with nuts as ingredients from meals as far as possible. This does not extend to those foods labelled “may contain traces of nuts”. The catering at the school does not knowingly use any nut products in any of their menus.

Pupils are encouraged to self-manage their allergy as far as possible in preparation for life after school where nut-free environments are rare.

2. Dairy and Egg Related Aspects

Pupils with dairy product or egg allergies are managed by the School in consultation with the parents on a case by case basis.

3. Insect Related Aspects

Diligent management of wasp, bee and ant nests on School grounds and proximity. This must include the effective system for staff reporting to management, and a system of timely response to eradicating nests.

4. Latex Related Aspects

If a pupil is allergic to latex they should avoid contact with some everyday items including, rubber gloves (unless latex free), balloons, pencil erasers, rubber bands, rubber balls, and tubes and stoppers used for science experiments.

Recognition:

- Impaired breathing: this may range from a tight chest to severe difficulty
- There may be a wheeze or gasping for air
- Signs of shock
- Widespread blotchy skin eruption
- Swelling of the tongue and throat
- Puffiness around the eyes
- Anxiety.

Policy:

Coombe Hill Infants School believes that the safety and wellbeing of those members of the school community suffering from specific allergies and who are at risk of anaphylaxis is the responsibility of the whole school community.

The School position is not to guarantee a completely allergen free environment, rather to minimise the risk of exposure, encourage self responsibility, and plan for an effective response to possible emergencies.

Coombe Hill Infants School will ensure arrangements are in place to support pupils with medical conditions and in doing so ensure that such pupils can access and enjoy the same opportunities at school as any other child. The School will focus on the individual pupil and how their medical condition impacts on their school life.

The school has a named person with overall responsibility for ensuring Individual Health Care Plans are in place, monitored and communicated to the rest of the schools community where appropriate reviews are undertaken of information submitted by parents. This named person or core team will work with parents to establish prevention and treatment strategies. Staff will be sufficiently trained to recognise and manage severe allergies in school, including any emergency situations that may arise during the school day.

Risk assessments will be undertaken for school visits outside of the normal school timetable.

The school policy is that nuts should not knowingly be used in any area of the curriculum.

Whilst this does not guarantee a nut free environment as traces of nuts are found in a great deal of foodstuffs it will certainly reduce the chances of exposure to pupils with allergies.

The school will review policies after a reaction has occurred and update and monitor the policy and health care plans on an ongoing basis.

Family Responsibilities:

Tips on how the family can help the allergic child include:

- Notify the school of the pupil's allergies. Ensure there is clear communication.
- Work with the school to develop a plan that accommodates the pupil's needs throughout the school including in the classroom, in dining areas, in after-school

programmes, during school sponsored activities and on the school bus. Ask your doctor, school nurse, allergy specialist or paediatrician to help.

- Provide written medical documentation, instructions and medications as directed by a doctor. Replace medications after use or upon expiry.
- Educate the pupil in allergy self-management, including what foods are safe and unsafe, strategies for avoiding allergens, how to spot symptoms of allergy, how and when to tell an adult of any reaction.
- Provide a “stash” of safe snacks for special school events (to be stored in school) and periodically check its supply and freshness.
- Review policies and procedures with the school staff, school welfare officer, the pupil’s doctor and the pupil (if age appropriate) after a reaction has occurred.
- Notify an adult immediately if you eat something you believe may contain the food to which you are allergic.

Adrenaline auto-injectors (AAIs)

- Pupils who suffer from severe allergic reactions may be prescribed an AAI for use in the event of an emergency.
- Under The Human Medicines (Amendment) Regulations 2017 the schools are able to purchase AAI devices without a prescription, for emergency use on pupils who are at risk of anaphylaxis, but whose device is not available or is not working.
- The school will purchase spare AAIs from a pharmaceutical supplier, such as the local pharmacy.
- The school will submit a request, signed by the headteacher, to the pharmaceutical supplier when purchasing AAIs, which outlines:
 - The name of the school.
 - The purposes for which the product is required.
 - The total quantity required.
- Where possible, the school will hold one brand of AAI to avoid confusion with administration and training; however, subject to the brands pupils are prescribed, the school may decide to purchase multiple brands.
- The school will purchase AAIs in accordance with age-based criteria, relevant to the age of pupils at risk of anaphylaxis, to ensure the correct dosage requirements are adhered to. These are as follows:

-For pupils under age 6: 0.15 milligrams of adrenaline

-For pupils aged 6-12: 0.3 milligrams of adrenaline

- Spare AAIs are stored as part of an emergency anaphylaxis kit, which includes the following:
 - One or more AAIs

- Instructions on how to use the device(s)
 - Instructions on the storage of the device(s)
 - Manufacturer's information
 - A checklist of injectors, identified by the batch number and expiry date, alongside records of monthly checks
 - A note of the arrangements for replacing the injectors
 - A list of pupils to whom the AAI can be administered
 - An administration record - this is kept in the pupil medication file
-
- For pupils under the age of seven who have prescribed AAI devices, these are stored in a suitably safe and central location: **the school office**.
 - All staff have access to AAI devices, but these are out of reach and inaccessible to pupils – AAI devices are not locked away where access is restricted.
 - All spare AAI devices will be clearly labelled to avoid confusion with any device prescribed to a named pupil.
 - In line with manufacturer's guidelines, all AAI devices are stored at room temperature in line with manufacturer's guidelines, protected from direct sunlight and extreme temperature.
 - The above staff members conduct a monthly check of the emergency anaphylaxis kit(s) to ensure that:
 - Spare AAI devices are present and have not expired.
 - Replacement AAI devices are obtained when expiry dates are approaching.
 - Any used or expired AAIs are disposed of after use in accordance with manufacturer's instructions.
 - Used AAIs may also be given to paramedics upon arrival, in the event of a severe allergic reaction.
 - Where any AAIs are used, the following information will be recorded on the AAI Record:
 - Where and when the reaction took place
 - How much medication was given and by whom
 - **Access to spare AAIs**
 - A spare AAI can be administered as a substitute for a pupil's own prescribed AAI, if this cannot be administered correctly, without delay.
 - Spare AAIs are only accessible to pupils for whom medical authorisation and written parental consent has been provided – this includes pupils at risk of anaphylaxis who have been provided with a medical plan confirming their risk, but who have not been prescribed an AAI.

- Consent will be obtained as part of the introduction or development of a pupil's IHCP.
- The school uses a register of pupils to whom spare AAls can be administered – this includes the following:
 - Name of pupil
 - Class
 - Known allergens with photographs
 - Risk factors for anaphylaxis
 - Whether medical authorisation has been received
 - Whether written parental consent has been received
 - Dosage requirements
- Parents are required to provide consent on an annual basis to ensure the register remains up-to-date.
- **Medical attention and required support**
- Once a pupil's allergies have been identified it may be necessary to set up a meeting between the pupil's parents, the relevant classroom teacher and any other relevant staff members, in which the pupil's allergies will be discussed and a plan of appropriate action/support will be developed.
- Pupils will not be able to attend school or educational visits without any life-saving medication that they may have, such as AAls.
- All members of staff involved with a pupil with a known allergy are aware of the location of emergency medication and the necessary action to take in the event of an allergic reaction.
- Any specified support which the pupil may require is outlined in their IHCP.
- **Staff training**
- Designated staff members will be trained in how to administer an AAI, and the sequence of events to follow when doing so.
- In accordance with the Supporting Pupils with Medical Conditions Policy, staff members will receive appropriate training and support relevant to their level of responsibility, in order to assist pupils with managing their allergies.
- Designated staff members will be taught to:
 - Recognise the range of signs and symptoms of severe allergic reactions.
 - Respond appropriately to a request for help from another member of staff.
 - Recognise when emergency action is necessary.
 - Administer AAls according to the manufacturer's instructions.
 - Make appropriate records of allergic reactions.
- All staff members will:

- Be trained to recognise the range of signs and symptoms of an allergic reaction.
- Understand how quickly anaphylaxis can progress to a life-threatening reaction, and that anaphylaxis can occur with prior mild-moderate symptoms.
- Understand that AAIs should be administered without delay as soon as anaphylaxis occurs.
- Understand how to check if a pupil is on the Register of AAIs.
- Understand how to access AAIs.
- Understand who the designated members of staff are, and how to access their help.
- Understand that it may be necessary for staff members other than designated staff members to administer AAIs, e.g. in the event of a delay in response from the designated staff members, or a life-threatening situation.
- Be aware of how to administer an AAI should it be necessary.
- Be aware of the provisions of this Allergen and Anaphylaxis Policy.
- **In the event of a mild-moderate allergic reaction**
- Mild-moderate symptoms of an allergic reaction include the following:
 - Swollen lips, face or eyes
 - Itchy/tingling mouth
 - Hives or itchy skin rash
 - Abdominal pain or vomiting
 - Sudden change in behaviour
- If any of the above symptoms occur in a pupil, the nearest adult will stay with the pupil and call for help.
- The pupil's prescribed AAI will be administered by the designated staff member. Spare AAIs will only be administered where appropriate consent has been received.
- Where there is any delay in contacting designated staff members, or where delay could cause a fatality, the nearest staff member will administer the AAI.
- If necessary, other staff members may assist the designated staff members with administering AAIs.
- The pupil's parents will be contacted immediately if a pupil suffers a mild-moderate allergic reaction, and if an AAI has been administered.
- In the event that a pupil without a prescribed AAI, or who has not been medically diagnosed as being at risk of anaphylaxis, suffers an allergic reaction, a designated staff member will contact the emergency services and seek advice as to whether an AAI should be administered. An AAI will

not be administered in these situations without contacting the emergency services.

- For mild-moderate allergy symptoms, the AAI will usually be sufficient for the reaction; however, the pupil will be monitored closely to ensure the reaction does not progress into anaphylaxis.
- **In the event of anaphylaxis**
- Anaphylaxis symptoms include the following:
 - Persistent cough
 - Hoarse voice
 - Difficulty swallowing, or swollen tongue
 - Difficult or noisy breathing
 - Persistent dizziness
 - Becoming pale or floppy
 - Suddenly becoming sleepy, unconscious or collapsing
- In the event of anaphylaxis, the nearest adult will lay the pupil flat on the floor with their legs raised, and will call for help.
- The designated staff member will administer an AAI to the pupil. Spare AAIs will only be administered if appropriate consent has been received.
- Where there is any delay in contacting designated staff members, the nearest staff member will administer the AAI.
- The emergency services will be contacted immediately.
- A member of staff will stay with the pupil until the emergency services arrive – the pupil will remain lying and still.
- If the pupil stops breathing, a suitably trained member of staff will administer CPR.
- If there is no improvement after five minutes, a further dose of adrenaline will be administered using another AAI, if available.
- In the event that a pupil without a prescribed AAI, or who has not been medically diagnosed as being at risk of anaphylaxis, suffers an allergic reaction, a designated staff member will contact the emergency services and seek advice as to whether an AAI should be administered. An AAI will not be administered in these situations without contacting the emergency services.
- A designated staff member will contact the pupil's parents as soon as possible.
- Upon arrival of the emergency services, the following information will be provided:
 - Any known allergens the pupil has, this will be on the DCS

- The possible causes of the reaction, e.g. certain food
 - The time the AAI was administered – including the time of the second dose, if this was administered
- Any used AAI's will be given to paramedics.
 - Staff members will ensure that the pupil is given plenty of space, moving other pupils to a different room where necessary.
 - Staff members will remain calm, ensuring that the pupil feels comfortable and is appropriately supported.
 - A member of staff will accompany the pupil to hospital in the absence of their parents.
 - Following the occurrence of an allergic reaction, the senior leadership team will review the adequacy of the school's response and will consider the need for any additional support, training or other corrective action.
 - **Monitoring and review**
 - The headteacher is responsible for reviewing this policy annually.
 - The effectiveness of this policy will be monitored and evaluated by all members of staff. Any concerns will be reported to the headteacher immediately.
 - Following each occurrence of an allergic reaction, this policy and pupils' IHCPs will be updated and amended as necessary.

APPENDIX 3 - Nut Allergy Awareness Policy

This policy is being introduced as we have children in school with nut allergies.

Purpose

The purpose of this policy is to

- Raise awareness about allergies to all our school community
- Ensure we provide a safe learning environment for all
- Give assurance to those children/families with severe allergies that we take the management of these seriously.

Aim

We are not a nut-free school but we aim to be as nut-free as we can. It is impossible to provide an absolute guarantee that no nuts will be brought onto the premises but we will strive to minimise this as much as we can.

Management

We ask that all members of the school community manage the day to day application of this policy in the following ways:

- Parents and carers are requested NOT to send food to school that contains nuts.
- This includes all types of nuts, peanut butter, nutella, cereal/chocolate bars and any other food containing nuts.
- Staff will be alert to any obvious signs of nuts being brought in, but they will not inspect all food brought into school.
- Any food that is brought in by pupils that does contain nuts or nut products will be confiscated and returned to the parent /carer at the end of the day.
- before going to play all children who have been near the nut product will wash their hands
- Children will be asked NOT to share food.
- Children will be encouraged to wash hands before and after eating.
- Some staff are trained in understanding and dealing with Anaphylaxis (severe allergic reactions) and will use this training as the need arises.

The school dinner providers will ensure all cooked food is nut-free.

Promotion

The policy will be promoted by:

- A copy of this policy being made available to all parents and carers.
- Staff being informed and provided with training opportunities.
- Children being informed via teachers and support staff.
- Publication of this policy on the school website.

We are aware that children may have allergies to other food. This will be discussed on an individual basis according to your child's needs.

APPENDIX 4 - DIABETES POLICY

POLICY STATEMENT

Coombe Hill Infants is an inclusive community that aims to support pupils with diabetes, ensuring they participate fully in all aspects of school life. It recognises that diabetes is a long term medical condition where the amount of glucose in the blood is too high because the body is unable to use it properly.

Coombe Hill Infants is aware that diabetic pupils need immediate access to their medicine, monitoring devices and hypo packs at all times and therefore appropriate steps are taken to ensure easy access to these items. All staff are aware of what to do if a diabetic pupil becomes unwell.

Staff will work in partnership with other stakeholders, such as medical professionals, parents, pupils, etc to ensure this policy is planned, implemented and maintained successfully.

DIABETES MEDICATION

Administration

All medication is stored in the school office.

In most cases Diabetic Students will administer their own medication, any student who requires support with this will attend the office

Medication only to be given to a person named on prescription.

Off Site

Diabetes should not prevent a pupil from going on school trips or residential. Careful planning is essential to any trip. Staff must ensure that they have completed a Risk Assessment before any student is taken off site. Each Diabetic student should only leave the school site once the Trip leader has accessed and retained a copy of their IHCP and has checked that all control measures are in place (e.g. medications, blood glucose monitoring equipment etc)

Supplies

Parents are advised to ensure their child has adequate supplies of their medication. It is the parents responsibility to ensure the insulin is in date.

Sharps

Diabetic medication and monitoring necessitates the need for the use of Sharps. All Sharps should be disposed of in a yellow sharps bin.

RECORD KEEPING AND CARE PLANNING

It is important that Parents keep the school informed of any changes to the pupils' care and this is updated on the IHCP

Care Plan

A care plan is devised and agreed, sent to parents for approval.

A hard copy is also kept in the office.

The IHCP should describe the responsibility of all parties, address the pupil's specific needs and provide clear instructions for ongoing and emergency care.

It should be regularly reviewed and updated

EXERCISE AND ACTIVITY

Pupils must have access to medication and hypo packs during times of activity. It is the responsibility of the Activity Leader to ensure that this is in place.

It is important to recognise it is potentially just as dangerous to exercise with glucose levels TOO HIGH as low and therefore it is important that blood glucose testing is performed before and after activities and before any snack is eaten.

Staff should all know of any diabetic pupils they teach and should ensure that they have a working knowledge of their IHCP's.

ROLES AND RESPONSIBILITIES

Coombe Hill Infant School works in partnership with all relevant and interested parties including School Governors, all Staff, Parents, Pupils and the Medical Centre Staff to ensure the policy is planned, implemented and successfully maintained.

The School:

Employers have a responsibility to: ensure the health and safety of their employees and anyone else taking part in school activities. This responsibility extends to those staff leading activities off site e.g. field trips, outings, etc. Therefore employers need to ensure an appropriate diabetes policy is in place and trips are adequately risk assessed to develop, implement and monitor a Diabetes policy to provide indemnity for teachers who volunteer to administer medicines to pupils with diabetes who need help.

School Staff

All school staff has a responsibility to: Understand this Diabetes Policy

To attend a First Aid Training Course

Know what to do should a diabetic student become unwell

Allow pupils with diabetes immediate access to their required medication/treatment

Inform the school office immediately if a pupil is unwell

Ensure diabetic pupils have their medication/treatment with them

Parents have a responsibility to:

Inform the school if a diabetes diagnosis has been made and what medication is taken as soon as possible and with adequate information

Inform the school of any changes to treatment plan or any problems with diabetes when pupil not at school

Update the school after any Consultant/Hospital visits

Ensure pupil has medication and it is in date when they return to school after holidays/breaks

